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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

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SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

First Named Applicant

TITLE OF INVENTION

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3. Further correspondence to be mailed to the following:

Neil A. DuChes
1621 Euclid Avenue - 19th Fl.
Cleveland, Ohio 44115

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Renner, Otto, Boisselle & Sklar

2 _____

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1 142 1,170.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Shionogi Seiyaku Kabushiki Kaisha

(2) ADDRESS: (City & State or Country)

Osaka Japan

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

A. ☐ This application is NOT assigned.☒ Assignment previously submitted to the Patent and Trademark Office.☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

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Neil A. DuChes 2/26/94

(Date)

2/28/94

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